

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ActBlue**

Full Name (Last, First, Middle Initial)

**A. PETER JOSEPH**

Mailing Address 53 SUMMIT ROAD

City

SAN ANSELMO

State

CA

Zip Code

94960-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2015

Transaction ID : SA11AI 33393994

Amount of Each Receipt this Period

250.00

Earmark

Earmarked for DR. RAUL RUIZ FOR CONGRESS  
(C00502575)

Full Name (Last, First, Middle Initial)

**B. PETER JOSEPH**

Mailing Address 177 WAVERLY PLACE, 5F

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2015

Transaction ID : SA11AI 33883098

Amount of Each Receipt this Period

1.50

Contribution to Act Blue

Contribution to ActBlue

Full Name (Last, First, Middle Initial)

**C. PETER JOSEPH**

Mailing Address 177 WAVERLY PLACE, 5F

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2015

Transaction ID : SA11AI 33883097

Amount of Each Receipt this Period

15.00

Earmark

Earmarked for DCCC (C00000935)

**SUBTOTAL** of Receipts This Page (optional)..... ►

266.50

**TOTAL** This Period (last page this line number only)..... ►